

CELL SHIELD ORDER - RRU – RENEWAL_____**Correctional Facility**

INCARCERATED INDIVIDUAL'S NAME	DIN	CELL LOCATION

In accordance with Directive #4933D, "Residential Rehabilitation Units," you were placed under a cell shield order on _____.
(original order date)

This order has been reevaluated and a decision has been made to renew the order

from _____ to _____
(starting date) (ending date)

for the following reason(s): _____

_____.

Notice

You may write to the Deputy Superintendent for Security or their designee to make a statement on the need for continuing this cell shield order.

Recommended by _____, Sergeant

Authorized by _____
Superintendent/OD Date

Dist: Original - Superintendent
Copy - Incarcerated Individual
Copy - RRU Sergeant